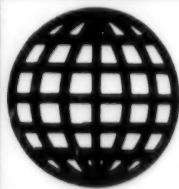


JPRS-TEP-93-022
23 September 1993



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JPRS Report

Epidemiology

Epidemiology

JPRS-TEP-93-022

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23 September 1993

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REGIONAL AFFAIRS

Wrap-Up of Disease Reports for 19 Aug - 1 Sep

AB0809222093

[Editorial Report] The following is a compilation of disease reports monitored from Abidjan Bureau and EAU coverage area. Source information follows at the end of each item.

Mauritania

The first part of the regional seminar on AIDS and sexually transmitted diseases has ended in Nouakchott. It was organized by the Health Ministry with funding from UNICEF. The National AIDS coordinator told our reporter that the current rate of the disease in the country is 0.5 percent. [Nouakchott ORTM Radio in French 1900 GMT 19 Aug 93]

Uganda

Measles and dysentery epidemics in two refugee camps for southern Sudanese in northwestern Uganda, near the town of Arua, have killed at least 90 people, most of them children under five years of age. Medical personnel from charity organizations have also expressed concern about the outbreak of a strange disease that has killed both adults and children. In one day alone, up to 32 people, 22 of them children under five years, died. A relief agency report says that up to 8,000 children are at risk of dying if urgent measures are not taken to bring the epidemics under control. The report blames the fast spread of the epidemics on the traditional practice of the refugees which discourages the treatment and feeding of children suffering from measles. [London BBC World Service in English 1515 GMT 1 Sep 93]

Roundup of Disease Reports for 20 Aug - 8 Sep

AB0909103893

[Editorial Report] The following is a compilation of disease reports monitored from Abidjan Bureau and EAU coverage areas. Source information follows at the end of each item.

Djibouti

A cholera epidemic in Djibouti has claimed at least 50 lives since mid-July, the Health Ministry reported in Djibouti on 25 August. It said the death toll could be higher because some families were burying victims who had not been notified to the health authorities. The ministry said 3,284 cases had been registered in three districts of the capital with a population of 317,000. About 1,000 of them are being treated in a field hospital set up beside the town's main hospital by a French military medical team sent in at the government's request. [Paris AFP in English 1451 GMT 25 Aug 93]

Eritrea

In Eritrea, 79 people have been found to be infected with AIDS while 25 others have died of AIDS in the past three months. Out of the 79 who were found to be infected with AIDS in the past three months, 57 are said to be men while the remaining 22 are women. So far, the number of AIDS patients in Eritrea has reached 515, the department of AIDS prevention disclosed. It advised people to take all the necessary precautions against this deadly disease. [Asmara Voice of the Broad Masses of Eritrea in Tigrinya 0400 GMT 8 Sep 93]

Ghana

The World Health Organization, WHO, has assured the Ghana Government of its assistance in the prevention and control of the Buruli ulcer disease as well as cure of patients. Areas being considered by WHO include supply of logistics like BCG vaccines, dressing, antiseptics, and antibiotics. Other assistance would include research, training of health personnel, and supply of training materials. [Accra GHANAIAN TIMES in English 3 Sep 93 p 1]

Kenya

Vice President George Saitoti, who is also minister of planning and national development, said in a speech read on his behalf by his assistant, A.M. Noor, during the official opening of the district development workshop at a Mombasa Hotel on 6 September that more than 260,000 Kenyans will die of AIDS in the next 27 months. He said over the same period 350,000 others will die from other causes bringing the total number of possible deaths to 610,000. Professor Saitoti disclosed that over 0.7 million Kenyans were HIV-positive. He noted that the nation was losing the most productive portion of its population through AIDS, adding however that part of the country was free from the AIDS epidemic and its devastating effects. Prof. Saitoti told participants that 62,000 people over the age of 14 in Coast Province were HIV-positive. He said the spread of the killer disease would worsen in Mombasa and the northern provinces because of the rapid increase in the number of HIV-positive cases unless the government acted swiftly. He stressed the urgent need to modify the national development planning procedure to take into account the effects of the epidemic on the nation. He said design programs were needed and resources had to be mobilized to fight any further spread of the disease. [Nairobi THE STANDARD in English 7 Sep 93]

Nigeria

At least 400 people have died from an outbreak of yellow fever in Ika district in Delta State, the daily CHAMPION newspaper reported on 20 August, citing former Health Secretary Christopher Okojie. The victims were among 1,200 people hit by the disease between April and July, the former health secretary said at the launch of the national yellow fever eradication program. During the epidemic, a species of mosquitoes known to be an

aggressive transmitter of yellow fever and new to Africa was discovered breeding in forests in Delta State, Okojie was quoted as saying. He did not give the biological name of the mosquito concerned. Between 1986 and 1992, the ministry imported 27 million doses of yellow fever vaccine and about 22.5 million Nigerians have since been vaccinated against the disease, he said. [Paris AFP in English 1911 GMT 20 Aug 93]

Tanzania

Lindi region has requested medical and financial assistance from the government and private organizations in an attempt to control a meningitis outbreak which has spread quickly throughout the region. The Lindi regional development director, Brother Arnold Mrope said the number of cases had doubled and that 21 people had so far died of the disease. Brother Mrope said that in Nachingwea district, 46 people are suffering from the disease and 21 are still undergoing treatment at the district hospital, while seven people have died since the outbreak of the epidemic toward the end of July. [Dar es Salaam Radio Tanzania Network in Swahili 1700 GMT 6 Sep 93]

Sixty-one people have died in Tanzania's Lindi and Coast Provinces following a severe outbreak of meningitis in the past two weeks. Tanzanian Government authorities said in Lindi on 7 September that the killer disease was spreading fast in the two provinces where an estimated 230 have been admitted in hospitals. The fast spread of the disease is attributed to the attitude of people who ignore control measures such as avoiding overcrowding in public places. The officials said the outbreak of the disease had already caused fear among villagers in remote communities lacking health facilities and that some villagers were running away from their villages in search of medicine from nearby government hospitals. About 500 Tanzanians died of meningitis in 1992 when the disease broke out in nine of the 25 provinces. [Nairobi KNA in English 1100 GMT 7 Sep 93]

Uganda

About 100 Sudanese refugees who fled into Uganda to escape fighting between government troops and the rebel Sudanese People's Liberation Army have died of meningitis and measles over the last two weeks, the state-owned NEW VISION newspaper reported on 30 August. The newspaper said most of the victims were children under five years of age. It reported that an average of six deaths occur daily in two transit camps near the Uganda-Sudan border. Aid workers attributed the high death toll to malnutrition and cultural beliefs that children suffering from measles should not be given certain foods, fluids, and injections. [Dakar PANA in English 0943 GMT 30 Aug 93]

The commissioner for health in charge of communicable disease control and AIDS, Dr. Samuel Okware, has revealed that the recent surveillance report on AIDS found that HIV infection is high among the youth, especially with girls aged between 12 and 25 years. Dr.

Okware disclosed this when closing a series of workshops for opinion leaders, resistance councillors, and mass mobilizers at the vocational training center in Jinja. The commissioner further revealed that the population so far affected in the country is close to 1.5 million people, which is equivalent to 10 percent of the total population. He called on the participants to organize the youth and others affected to realize the importance of behavior change. He also assured them that the primary health care division will do everything possible to support them in the task of AIDS prevention. [Kampala Radio Uganda Network in English 1000 GMT 3 Sep 93]

Quarantine restrictions have been imposed on Nabulesa parish, Ntungamo subcounty, following an outbreak of anthrax. No livestock or their by-products are allowed to move into, out of, or through the parish until further notice. The local administration, chiefs, resistance committees, local law enforcement officers, and the general public are requested to cooperate in enforcing this quarantine. Vaccinations have been arranged for all cattle in the affected area. A statement issued in Kampala on 8 September by the animal resources director, Dr. Budamba, urged the public not to eat meat from dead or sick animals and to report any suspected animals to the nearest veterinary staff. [Kampala Radio Uganda Network in English 1700 GMT 8 Sep 93]

Zaire

A total of 18 people have died in a diarrhea epidemic that has hit the lower Zaire subprovince near the Atlantic coast, Radio Zaire reported on 31 August, quoting regional medical authorities. The radio said 616 cases had been reported in four of the subprovince's eight referral hospitals. Health officials and humanitarian organizations said the death toll might be two or three times higher due to the lack of health services in some remote rural areas. Quoting a UNICEF report, the radio said the characteristics of the diarrhea, which is caused by a protozoa, included the passing of blood-stained stool, strong abdominal pains, and vomiting. Health officials in the area said the epidemic resulted from environmental degradation caused by water pollution. The water has been contaminated by human excreta from septic tanks in the township of Tshela, which flooded during the torrential rains of March and April. [Dakar PANA in English 0908 GMT 1 Sep 93]

Epidemiological Reports Monitored 6 - 12 Sep

MB1209174493

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 6 to 12 September concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

Mozambique

Diarrhea in Nampula—The secretary general for the Mozambique Funeral Fund Association, a nongovernmental organization based in Nampula Province, has reported that diarrhea has killed 28 people in Namutemula, in Nampula Province's Namapa District. He also reported that diseases such as malaria and measles have also been present in the area. Though it confirms an epidemic in the area, the health department in the city of Nampula has denied those reports. On the basis of its epidemiological report, the health department says that 102 diarrhea cases were diagnosed between 1 and 7 August and that only seven deaths were reported. (Maputo NOTICIAS in Portuguese 30 Aug 93 p 3)

South Africa

Tuberculosis—The number of South Africans with tuberculosis is increasing by 100,000 a year with the western Cape the worst-affected region. These updated TB statistics were announced on Monday at the annual meeting of the South African National Tuberculosis Association in Cape Town. There is an average of 235 people infected with TB in every 100,000 throughout the country, 10 times the number in developed countries and 15 per cent above the African average; and in the western Cape there are 610 reported cases for every 100,000 people, or nearly triple the average for the rest of the country. University of Stellenbosch Medical Faculty Dr Stuart Whittaker, who was guest speaker at the meeting, said one of the reasons for the spread of the disease was that the TB germ became drug resistant and incurable if people did not complete their treatment. (Johannesburg SAPA in English 0053 GMT 7 Sep 93)

Roundup of Disease Reports for 7 - 15 Sep

AB2109122693

[Editorial Report] The following is a compilation of reports on diseases monitored in FBIS Abidjan Bureau and EAU coverage areas. Source information is given in parentheses after each item.

Ghana

The PEOPLE'S DAILY GRAPHIC newspaper reports that elephantiasis is on the increase in the Upper East Region. According to the paper a study conducted in five communities in the Kasina-Nankana District has shown that elephantiasis and hydropsy, a collection of liquid in the scrotum, are prevalent in the area.

The GHANAIAN TIMES quotes statistics from the Korle-Bu Teaching Hospital indicating that tuberculosis cases are on the increase. Last year the hospital recorded a total of 20,484 cases as against 18,674 of the previous year, and from January to date, 9,203 cases have been recorded. [Accra Ghana Broadcasting Corporation Radio Network in English 1300 GMT 15 Sep 93]

The Northern Regional central laboratory of the Tamale Central Hospital has run out of HIV kits. This has

brought antibody tests to a halt thus endangering safe blood transfusions in the area. The shortage of the HIV kits is due to the inability of medical doctors at the hospital to complete laboratory HIV antibody test forms during consultations. To complete the forms specific information including sexual history of patients is needed according to WHO regulations. Completed forms are then submitted with HIV samples to the Public Health References Laboratory in Accra before new supplies of HIV kits are made. This is to enable the laboratory to confirm all samples found with reactive results on screening in a timely and accurate manner. Meanwhile, the Volta Aluminum Company Fund has assisted Salaga Hospital to renovate its blood bank to ensure more effective and safe blood transfusion in the district. The laboratory is now equipped with an incubator, a water bath, and a sterilizer. [Accra PEOPLE'S DAILY GRAPHIC in English 7 Sep 93]

Rwanda

The WHO may start trials of an AIDS vaccine on the Rwandan population by the end of 1993. This was disclosed on 13 September by Dr. Joseph Taba, a WHO expert based in Rwanda, during a training session on the methods of clinical research on AIDS. [Kigali Radiodiffusion Nationale de la Republique Rwandaise in French 1800 GMT 13 Sep 93]

Epidemiological Reports Monitored 13 - 19 Sep

MB1909182693

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 13 to 19 September concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

Lesotho

AIDS—The aids program manager at the Ministry of Health in Maseru, Mrs. Mmapusetso Taole, says that there have been 264 full blown AIDS cases reported since June 1993. (Maseru Radio Lesotho in English 0500 GMT 15 Sep 93)

Malnutrition—More than 70 malnourished children under the age of 5 have been admitted to the Quting Hospital since January this year. A report from Quting Hospital says 50 were discharged after treatment, 22 died, while 5 are still undergoing treatment for malnutrition. The supplementary feeding program coordinator in Quting District said that nine distribution points have been supplied with supplementary food since last month. The food is intended to feed over 2,000 underweight children. (Maseru Radio Lesotho in English 1130 GMT 18 Sep 93)

Mozambique

Diarrhea in Sofala Province—Diarrhea killed 150 people in Sofala Province between January and July of

this year. More than 2,000 cases of diarrhea were reported in various health posts in Sofala Province during the same period. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 13 Sep 93)

Cholera in Zambezia Province—A total of 40 children died of cholera in Nanti administrative region, Maganja da Costa District, between May and June. NOTICIAS reports that the health authorities have the situation under control although there are still some cases of the disease in the area. (Maputo Radio Mozambique Network in Portuguese 0600 GMT 18 Sep 93)

Dysentery in Cabo Delgado Province—Twenty people have died of dysentery, while 20 others are seriously ill at Napama village in Mesa. The disease broke out in Namapa during the second half of last month. (Maputo Radio Mozambique Network in Portuguese 1730 GMT 18 Sep 93)

Swaziland

Measles—School children from Grade 1 to Standard 1 in the Shiselweni region will from tomorrow onwards be vaccinated against measles following an outbreak of the disease in that region. The immunization will run until 20 September. (Mbabane Radio Swaziland Network in English 1600 GMT 14 Sep 93)

Zimbabwe

AIDS—Official figures show that 800,000 Zimbabweans in a population of 10.5 million carry the deadly HIV virus. But doctors put the figure closer to one in ten and estimate more than a million Zimbabweans will die of AIDS in the next 7 years. (Johannesburg AFRICA SOUTH & EAST in English Sep 93 p 35)

REUNION

Study Shows 15 Percent With Hepatitis B

93WE0581A Port Louis LE MAURICIEN in French
9 Jul 93 p 2

[Article by Jessie Moucazambo: "Reunion: According to an Epidemiological Study, 15 Percent of the Population Are Carriers of the Hepatitis B Virus"]

[Text] According to a study recently conducted by the epidemiological unit of Reunion's Council General, a large number of Reunionese, or 15 percent of the population, could be carriers of the hepatitis B virus.

This figure for Reunion is by far higher than the figure calculated at the national level. In fact, Reunion is in the same position as certain developing countries in Africa or Asia.

Better known under the name of jaundice, the hepatitis B virus attacks the liver in particular.

The illness can be termed dangerous when we remember that it leads to cirrhosis, a cancer of the liver, and even sometimes to death.

Furthermore, though, it must be emphasized that nine times out of 10 this illness goes undetected and most of the time the patient recovers completely.

Despite all this, the fact should not be overlooked that contamination by the virus is linked to various factors: transfusions, sexual relations (homosexual or heterosexual), dental surgery, the use of needles (drugs or acupuncture), vaginal secretions (sexually transmitted diseases), and even through saliva.

So this virus is 1,000 times more contagious than the AIDS virus.

So people who are at the greatest risk of this disease are new-born babies of contaminated mothers, people who have had sexual partners who were infected with the virus or infected with sexually transmitted diseases, health professionals, patients who have received transfusions, or drug users.

It should be noted that the illness spreads most easily among adolescents, whose risks of contamination are 10 times as great.

Present treatment is based on just two usable products: interferon and vidarabin.

If researchers are still groping for an AIDS vaccine, hepatitis B has already found its vaccine. This vaccine is automatically administered to all health professionals. Check-ups are likewise systematic for pregnant women.

At the urging of the Council General, which has just received 10,000 doses of vaccines, a vaccination campaign will quickly be set up on the island.

If it is possible for each individual to get himself vaccinated, what is the most important is vaccinating the young between the ages of 10 and 15.

This vaccination is done through intramuscular injection three times over three months.

A return check-up is required one year following the first injection; as with DT polio, a return check-up is recommended every 5 years.

Between now and the year 1997, according to the World Health Organization, all children should be vaccinated against hepatitis B.

REGIONAL AFFAIRS

Regional Epidemiology Roundup for 25 Aug - 3 Sep

BK1609062193

[Editorial Report] The following is a compilation of summaries of foreign media reports on Southeast Asian and South Asian Epidemiology developments monitored by Bangkok Bureau from 25 August to 3 September 1993. Sourcelines are given in parentheses after each item.

Laos

Twenty-two Die in Hinboun District Epidemic

In May, in the cantons of Nabo, Soungsai, and Hinboun, in Hinboun District, Khammouane Province, 276 people have suffered from diarrhea and dysentery; 19 died. Twenty-six people were afflicted with malaria; three died. (Vientiane Vitthayou Hengsat Radio Network in Lao 0000 GMT 3 Sep 93)

Vietnam

Medical Institute Reports on AIDS Cases Nationwide

According to the Pasteur Institute in Ho Chi Minh City, as of 26 August, 718 HIV-positive cases have been detected nationwide, 677 of which are in the southern region. Of the total, 576 are drug users; 62 cases fell between the ages of 20-29; and 356 cases fell between the ages of 30-39 [All figures as heard]. The budget for the national AIDS control program for 1993 is planned at 500 billion dong, but so far only 10 billion has been approved. At present, the Pasteur Institute and the Preventive Medical Centers of Ho Chi Minh City and Dong Nai Province are the only institutions equipped with medical facilities to test AIDS. (Hanoi Voice of Vietnam Network in Vietnamese 1430 GMT 31 Aug 93)

Tien Giang Hospital Equipped With HIV Testing Machine

Tien Giang has so far detected three HIV-positive cases. The local authorities recently decided to equip the provincial general hospital with a modern HIV testing machine developed in the Netherlands. The equipment is also capable of detecting the Hepatitis virus and performing other important tests. (Hanoi Voice of Vietnam Network in Vietnamese 1430 GMT 29 Aug 93)

More than 30,000 Opium Addicts in Yen Bai

As many as 30,000 people in Yen Bai Province are now addicted to opium. In Mu Cang Chai District alone, there are more than 19,000 addicts, mostly from the Hmong ethnic group. This number accounts for 63 percent of the district's population and 60 percent of the province's population. Faced with this situation, the provincial women's union has worked in highland villages and has successfully persuaded 107 addicts to undergo treatment at the provincial detoxication center and 70 others to receive

treatment at home. (Hanoi Voice of Vietnam Network in Vietnamese 2300 GMT 31 Aug 93)

Efforts To Combat Spreading Goiter Problem

The Ministry of Public Health held a conference on national strategies to control goiter on 25 August in Hanoi. Reports delivered at the conference revealed that in past years efforts to curb goiter focused only on mountainous areas, where currently more than 60 percent of the population suffers from the disease. A recent survey carried out on children between the ages of nine and 11 in 28 central provinces and cities showed a rate of goiter as high as over 50 percent in some places. UNICEF, which financially supports the budget against goiter, has advised that a control program be carried out on a countrywide basis and has furnished equipment for six factories producing iodine salt. Over the past few years, goiter and other iodine-sufficiency disorders have been markedly reduced in mountainous provinces. For example, in Bac Thai Province, the incidence dropped to 28 percent in 1992 from 42 percent in 1987. In Gia Lai Province, the rate was 47 percent in 1992, down from 58.6 percent in 1989. However, a recent UNICEF survey revealed iodine-sufficiency disorders in the uplands and some delta provinces. (Hanoi Voice of Vietnam Network in Vietnamese 2300 GMT 25 Aug 93 and Hanoi Voice of Vietnam in English 1000 GMT 30 Aug 93)

Regional Epidemiology Roundup for 8 - 15 Sep

BK2009111593

[Editorial Report] The following is a compilation of summaries of foreign media reports on Southeast Asian and South Asian Epidemiology developments monitored by Bangkok Bureau between 8 and 15 September 1993. Sourcelines are given in parentheses after each item.

Malaysia

12 Cases of Bengal Cholera, Bacteria Carriers Detected

The total number of confirmed Bengal cholera cases and bacteria carriers detected in Selangor and Kuala Lumpur has increased to 12, following a report of seven new cases today. The Selangor State Health and Medical Services said that out of the seven new Bengal cholera cases, three were detected in Petaling Jaya, three in Kuala Lumpur, and one in Ulu Langat. Also, four new carriers of the Bengal cholera bacteria were detected in Kuala Lumpur. (Kuala Lumpur Radio Malayasia Network in Malay 1300 GMT 8 Sep 93)

Singapore

First Fatality From Dengue Fever Suspected

A 26-year-old Hougang resident who died on 6 September is suspected of being the first Dengue fever fatality here this year. Although the total number of cases so far is well below record levels reached last year, the

peak of a three-year outbreak, the Environment Ministry cautioned that Dengue fever cases are on the rise again. There were 30 cases last week. The average for August was 25, up from July's average of 17 cases. This brings the total so far this year to 448 cases, of which 102 were contracted overseas. For the same period last year there were 1,964 cases. (Singapore THE STRAITS TIMES in English 9 Sep 93)

Thailand

Sulphur Emission in Mae Moh Causing Respiratory Problems

Many villagers in Mae Moh District have developed respiratory problems and related illnesses allegedly caused by the emission of sulphur dioxide from the lignite-fired Mae Moh power plant. Two have been hospitalised and many others have sought medical treatment for throat, nose, and mouth pain; breathing difficulties; and vomiting. This appears to be the same situation as late last year when the power plant spewed toxic smoke during its operations and caused hundreds of villagers to become sick as well as destroying crops. Concern has also been expressed that sulphur dioxide discharged during this rainy season could form acid rain. (Bangkok THE SUNDAY POST in English 12 Sep 93)

Three HIV Positive Cases Found in Disposal Areas

Three HIV positive cases have been found among people living near garbage dumps. A monthly health check of people who earn their living from garbage dumps revealed the cases out of 300 people tested. The people are believed to have been infected from injection needles disposed at the dumps. The Bangkok Metropolitan Administration plans to dispose of medical garbage by microwaving, which will reduce environmental problems. (Bangkok THE BANGKOK POST in English 15 Sep 93)

Vietnam

National AIDS Committee Reviews Tasks

The National Committee for the Control and Prevention of AIDS recently held a conference in Hanoi to evaluate its programs. The conference reviewed its tasks during the 1989-91 first phase of AIDS control in the four cities of Hanoi, Haiphong, Da Nang, and Ho Chi Minh City; and in the 1991-93 second phase when the program expanded to cover nine other provinces. By the end of August, 714 people countrywide had tested HIV-positive. Ho Chi Minh City and Khanh Hoa Province were localities with a high rate of HIV carriers. All other provinces in the south have also detected HIV-positive cases in their localities. Drug users represent 88.7 percent of the total, while prostitutes and blood donors are also high on the list. (Hanoi Voice of Vietnam Network in Vietnamese 1430 GMT 8 Sep 93)

Kontum Launches Antimalaria Campaign

On 1 September, Kontum launched a new campaign to control and prevent malaria. Over 70 medical employees

were sent to 17 focal point areas which cover 41 villages to treat patients and to promote preventive measures against malaria among the local population. This campaign will affect more than half of the villages in Kontum. (Hanoi Voice of Vietnam Network in Vietnamese 1430 GMT 9 Sep 93)

Child Vaccination, Immunization Plans Launched

At present, more than 80 percent of children under the age of one year have been vaccinated against the six contagious diseases of diphtheria, whooping cough, tetanus, measles, tuberculosis, and paralysis. The number of children infected or dying from these diseases has decreased significantly. Since 1991, campaigns against paralysis and tetanus among children have been launched, but so far results are not encouraging due to the inadequate amount of vaccine. This year, thanks to international aid and increased domestic production, 26 million vaccine doses to prevent paralysis are available which will be enough for 10 million children under the age of five. Two major immunization campaigns will be launched nationally in November and December. (Hanoi Television Network in Vietnamese 1200 GMT 9 Sep 93)

Cholera Kills Two in Hue

A cholera outbreak has killed two and hospitalized 444 others in central Thua Thien-Hue Province. Nearly half the victims of the water-borne disease were infected by unclean ice, health officials reported. A total of 291 of the cases were reported in Hue city, a popular tourist destination. The first cholera cases were discovered on August 23, just as the province emerged from a blistering drought. (Hanoi VNA in English 0731 GMT 12 Sep 93)

LAOS

Malaria Outbreak in Savannakhet

93WE0533B Vientiane PASASON in Lao 12 Jul 93 p 1

[Text] Malaria, diarrhea, and dysentery have been spreading since the end of June in many villages in the Siangkhai area of Sayaboury District, Savannakhet Province, including: Ban Kengveng Village, Nongveng, Ban Lao Village, Thongphouro, Siangkhai, and Phon-nadi. Now there are 83 people with malaria and 21 with diarrhea and dysentery.

Our source in Savannakhet reported that according to cadres of the construction unit working at the grassroots level in Sayaboury District these diseases were spreading in the areas mentioned, especially the diarrhea and dysentery.

Local administrative officials at all levels urgently organized operations to care for the sick and were able to block the spread of the diseases.

As for Saravane Province a correspondent in Samoui District reported that on 2 and 3 July there had been a serious outbreak of measles and dysentery. As a result, 10 people in three villages—Ban Ro Village, Ban Asok Village and Ban Atang Village in the Asok area of Samoui District—had died. There were 45 people with measles and 20 with dysentery. When the district committee responsible for public health learned of this, it rushed to have its cadres save the lives of those made sick by the spread of these diseases.

The report did not indicate whether or not these diseases had been suppressed. It merely indicated the cause of the spread of the diseases was that the people generally lived under primitive conditions and lacked those principles of good health, the three cleans.

Samoui District is in the mountains. The people there generally build their houses in mountains which are far from towns and inaccessible. Roads and communications are difficult. And most important the beliefs and customs of many people there are very different from those of people in the towns. The people there believe in spirits.

The report also stated that the administrative officials of Saravane Province had adopted a budget of 1 million kip to purchase medicine for the people of the district mentioned.

Champassak Disease Incidence Outlined

93WE0533A Vientiane PASASON in Lao 16 Jul 93 p 3

[Report by O.B. Keosouphan: "Champassak Province Health Activities Counter Disease"]

[Excerpt] [passage omitted] Mr. Sikhouan Vongphouthon, deputy head of the Provincial Disease Prevention Clinic, reported on 10 May 1993 that since October 1992 the Provincial Disease Prevention Service had examined for and found 16 types of disease, but that only nine or 10 types were normally contracted—these included malaria, goiter, dysentery, diarrhea, tuberculosis, respiratory infections, encephalitis, whooping cough, dengue fever, and phayatlouang (leprosy). Malaria was the most serious of these diseases and was contracted regularly. In regard to this problem the Disease Prevention Service conducted examinations and discovered 735 suffering from malaria. Of these 22 died. They found 128 suffering from diarrhea, 37 suffering from dysentery, 23 suffering from tuberculosis, 15 suffering from respiratory infections, six suffering from encephalitis, four suffering from measles, and just one suffering from dengue fever. They also discovered 48 with tuberculosis bacteria. They distributed 600 bottles of medicine and 12,000 pills to prevent the spread of these diseases. [passage omitted]

Dengue Fever Outbreak in Savannakhet District

93WE0533C Vientiane PASASON in Lao 1 Jul 93 p 1

[Text] One person has died as a result of the spread of dengue fever in some localities in Champhon District of Savannakhet Province.

A source in Savannakhet Province reported that dengue fever had been spreading since 5 June in the area of Ban Kengkok Neua Village, Ban Kengkok Kang Village and Ban Kengkok Dong Village in Champhon District. This resulted in one death. There were nine others with the disease.

Officials of the Malaria Clinic of Savannakhet Province reported that the disease had been suppressed after clinic officials had taken urgent measures to counter it. The source indicated that they had responded very quickly with injections to prevent the disease in those areas where the disease had occurred.

THAILAND

Dengue Fever in Udon, 200 Cases Reported

93WE0489A Bangkok MATICHON in Thai 3 Jul 93 p 17

[Excerpt] [passage omitted] Amphan Minakanit, director of the Udon Thani Central Hospital, said that large numbers of people are coming to the hospital every day for treatment for dengue fever. Since March, the number of people with this disease has increased constantly. As of 28 June, about 200 cases had been reported. Eight patients have died at the hospital. They were already seriously ill when brought to the hospital.

Amphan said that about 30 people a day are now coming to the hospital for treatment. This includes people who have come directly to the hospital for treatment and patients who have been sent to the Central Hospital from nearby hospitals. The hospital has been able to handle all the patients.

VIETNAM

Causes of Preventive Measures for Encephalitis Fever Among Children

93WE0483A Hanoi PHU NU VIETNAM in Vietnamese 14 Jun 93 pp 1, 3

[Article by Nguyen Viet Tien]

[Text] Infantile encephalitis fever—also called Japanese Encephalitis B—has for many years been a source of concern for families and the public health organs in our country. Of the children who have contracted that disease, 74 percent have been children between the ages of two and 15 (primarily the two-to-six age group). The symptoms are an especially high fever, convulsions, and delirium. Afterward, more than 10 percent have nervous system and psychological aftereffects (not including

fatalities). Japanese Encephalitis B is caused by the *C. Tritaenirrhincos* mosquito bringing it into and spreading it in rural areas, especially in the livestock-raising and rice paddy areas. The primary carriers of the virus causing that disease are hogs and some kinds of birds. When mosquitoes bite hogs the virus is transferred to the mosquitoes, which then pass it on to people. Mosquitoes spread the disease from the viral hosts: hogs (or birds). Although the hog may not have the disease, the mosquito bites the hog and gives the disease to people. Epidemics break out primarily in May, June, and July—the summer months—and 75.4 percent of the infantile cases occur in June.

The disease was first discovered in Japan in 1873. In 1924 a major encephalitis epidemic that broke out in Japan affected 6,000 people and the mortality rate was very high. The writer Futaki called it summer encephalitis (in contrast to the traditional encephalitis). It was also called Japanese encephalitis. The first occurrence of the disease in Vietnam was among French troops. After specimens were taken from those infected and taken to Japan for analysis, three varieties of Japanese encephalitis were found. In 1961 Dr. Hoang Thuy Nguyen, using serological diagnosis, discovered 237 blood serum samples with Japanese encephalitis antigens. In 1963 the Epidemic Sanitation Institute isolated the HN-60 virus, which had the same structure and antigens as Japanese encephalitis.

The serious harm done by Japanese encephalitis in children is to produce such locomotor aftereffects as paralysis, a loss of ability to hear and see and, especially, a loss of mental capacity, retardation, limited learning ability, and even personality behavior disorders. According to statistics, one out of four children with that disease who enter hospitals have mental aftereffects. Prior to 1960, the mortality rate was 40 percent but now it ranges from 7 to 10 percent because the disease is detected early by biochemical means and because of good and active emergency resuscitation facilities.

When I arrived at the Swedish Children's Hospital in Hanoi in June 1993 the number of infantile encephalitis cases had reached an alarming level. The hospital's contagious diseases ward had only 50 beds but there were 150 children who had the disease. Infantile encephalitis cases there filled the emergency room and the treatment rooms on the second floor. Even doubling up in beds was insufficient and the patients had to lay scattered about in the corridors. According to statistics, from 1 May to 8 June alone 294 children with encephalitis had to enter the hospital (between 1 June and 9 June there were 110 additional child patients). In terms of specific regional distribution, between 20 May and 1 June, of the total of 187 patients 54 were from Ha Tay, 38 were from Hai Hung, 27 were from Hanoi, 20 were from Nam Ha, 25 were from Ha Bac, 18 were from Vinh Phu, three were from Ninh Binh, one was from Bac Thai, and one was from Lao Cai. Thus most of the patients were concentrated in the Red River Delta, in the districts bordering the river. At the high point, the infectious disease department had to give emergency treatment to

20 cases. The average was seven or eight cases a day. At present the infectious diseases department of the Swedish Children's Hospital in Hanoi is practically the only central-level unit receiving and treating patients with that disease brought in from the provinces. Meanwhile, some provincial hospitals capable of treating them still send patients directly to the central level.

When I inquired I learned that the best method of preventing Japanese Encephalitis B in children is to inoculate them with anti-encephalitis vaccine. The current price of a dose of vaccine in Japan is 6 USD. Vietnam also produces the vaccine, but in quantities insufficient to inoculate all children in the age group most susceptible to the disease, and only to carry out some trial inoculations in Ha Bac and Hanoi. To carry out a large-scale nationwide disease-prevention vaccination program for children, five to six million doses (costing about 30 million dollars) will be needed. At present the state is making all-out efforts to expand production of that vaccine, but it is still encountering many difficulties with regard to economic and material conditions. A question that has been posed is that although research on that disease has been carried out since 1960 there is still insufficient disease-prevention vaccine for children. Is that a case of difficulties preventing taking the wise course? The state must make timely investment of the initial capital needed to produce encephalitis B vaccine. Then there will be a return of capital by collecting money for the disease-prevention vaccine according to the number of children who are inoculated, because if parents encounter difficulties they will not hesitate once they realize that inoculating children is necessary, in order not to regret it all their lives if their children suffer the misfortune of contracting that dangerous disease.

The second preventive measure is promoting the task of environmental sanitation and regularly spraying insecticides to eradicate mosquitoes. Another question that has been posed vis-a-vis the various kinds of livestock pens scattered out among families in rural areas, which are fertile ground for all kinds of mosquitoes, is where to get the money to buy insecticides to spray. Thus at present there are no capabilities to carry out those two preventive measures on a large scale and extensively. A final preventive method is to strengthen the emergency capabilities and improve treatment at the hospitals to lower the mortality rate and prevent the aftereffects. Because Japanese Encephalitis B is concentrated primarily in the rural areas, when patients are taken for emergency treatment at the district level the province usually sends them directly to the central level. When most of the family members have the disease the children are sent directly to Hanoi. When the province is too far away a considerable number of children experience respiratory problems but are not given emergency treatment in time because the medical installations at the district level do not have sufficient emergency treatment facilities and capabilities.

The state and the echelons and sectors should carry out studies and provide the lower-echelon medical installations with sufficient capabilities to give emergency treatment on the spot. In the event that patients must be sent to the next echelon, they must be transported in ambulances with medical attendants and emergency treatment equipment. Sick children should not be transported by stretchers or by cyclos or motorbicycles. Hospitals at the provincial level, where there are sufficient facilities, must fully utilize their capabilities to retain patients for treatment. The provincial doctors and hospital cadres must go to the villages to study the epidemic situation and encourage the families to go to the nearest hospital for treatment. I asked some families of patients undergoing

treatment at the Swedish Children Hospital and learned that they do not have confidence in the provincial hospitals because in the past there was a very high mortality rate among children who contracted the disease and were taken to the hospitals for emergency treatment. Therefore, no matter how difficult, they took their children to the central hospital for treatment so that they could be more at ease. But because of that subjectivity many children weaken and die en route to the hospital. Summer is the peak season of the epidemic. Concern on the part of the sectors and echelons in working urgently and promptly will contribute to stopping that dangerous disease and bring about well-being for all children and families.

BOSNIA-HERCEGOVINA**Hepatitis Epidemic Breaks Out in Sarajevo**

*LD0809122493 Zagreb Radio Croatia Network
in Serbo-Croatian 1100 GMT 8 Sep 93*

[Report by correspondent Ranko Mavrak from Sarajevo]

[Excerpt] [Passage omitted rounding up situation] It has finally been officially announced that a hepatitis epidemic is spreading in Sarajevo. The epidemic has been triggered by the appalling hygienic conditions. The regional health institute says that the worst affected area is on the left bank of the Miljacka river, more precisely in Soukbunar. The total of 230 people have been registered as affected by the disease.

REGIONAL AFFAIRS

Regional Health Report for 2 - 10 Sep

PA1109125793

[Editorial Report] The following is a compilation of regional health reports monitored by Panama Bureau from 2 to 10 September. Source follows in parentheses after each item.

Colombia

Bogota health authorities announced on 3 September that 13 new cases of AIDS were reported as a result of contaminated blood transfusions. The blood was supplied by an authorized blood bank that did not screen donors adequately. According to Health Secretary Dr. Eduardo Diaz, other banks may also be guilty of such negligence and that an investigation would be carried out to determine the extent of the risk. (Santa Fe de Bogota Emisoras Caracol Network in Spanish 1200 GMT 3 Sep 93)

Costa Rica

According to a report issued by the World Health Organization, there are approximately 10,000 people carrying the AIDS virus who show no symptoms. There have been 495 cases registered to date in Costa Rica, of which 300 have died. (Hamburg DPA in Spanish 2020 GMT 8 Sep 93)

Honduras

The Public Health Ministry reported on 6 September that 26 cases of cholera were registered in several departments, bringing the total to 704 cases reported during the year. Since 1991, when the disease broke out, 1,128 cases have been registered and 49 people have died. (San Pedro Sula LA PRENSA in Spanish 7 Sep 93 p 4)

The number of AIDS cases nationwide surpassed the 3,000 mark in August, when 84 new cases were registered. There are 4,549 known carriers and 3,003 cases of the disease, of which 2,013 are men and 988 women. The most affected departments are Cortes, with 1,497 cases, and Francisco Morazan with 487. Of the total 3,003 cases registered, 734 have died. (Tegucigalpa EL HERALDO in Spanish 9 Sep 93 p 44)

Inter-American

The Pan-American Health Organization (PAHO) reported that at least half of the 200,000 people carrying the HIV virus in Central America will develop AIDS within the next seven years. According to Roberto Calderon, the organization's representative in Central America, 1,560 people have died of AIDS. There are 3,440 people currently suffering the illness throughout the isthmus, which will soon be facing "a catastrophic situation." Honduras bears the greater burden with 60 percent of the region's total. In June El Salvador had 470 cases, Guatemala had 434, Panama had 53, and Nicaragua and Belize both had 39 cases. (Paris AFP in Spanish 0926 GMT 10 Sep 93)

Mexico

The Mexican Health Secretariat reported on 4 September that 292 cases of cholera were recorded during the previous week, and that 10 people had died. According to an official spokesperson, the number of cases dropped from 350 cases during the week ending on 27 August to 292, "due to the recent weather and prevention campaigns." At least 7,547 people contracted the disease, of whom 128 have died. (Madrid EFE in Spanish 2241 GMT 4 Sep 93)

Nicaragua

Fanny Prado, a spokesperson for the Health Ministry, reported on 2 September that 2,700 cases of cholera have been reported during 1993, and that 109 people have died of the disease. She added that Chontales, Boaco and Matagalpa were the worst hit, because of the lack of adequate water supplies. Several rivers and lakes are contaminated, which increases the risk. (Hamburg DPA in Spanish 2149 GMT 2 Sep 93)

Panama

The Panamanian Heart Foundation reported that cardiovascular disease is responsible for 31.9 percent of all deaths in Panama. The foundation has launched several prevention campaigns in an effort to create awareness about the problem. (Panama City LA PRENSA in Spanish 10 Sep 93 p 3)

Panamanian disease control officials have warned that poor prevention practices by citizens may lead to an outbreak of malaria or dengue. The rising number of mosquitoes, especially in Juan Diaz and Parque Levefre neighborhoods in Panama City, makes control measures all the more difficult. Health officials say they are expecting an outbreak soon. (Panama City Circuito RPC Television in Spanish 2300 GMT 2 Sep 93)

The Health Ministry has reported that 323 of the 542 people to contract AIDS since 1984 have died. The source stated that 83.2 percent of the cases were infected through sexual contact, of whom 38 percent are homosexuals, 7.9 percent are bisexual, and 37.3 percent are heterosexual. (Paris AFP in Spanish 2148 GMT 2 Sep 93)

On 9 September Health Ministry officials announced that there was a decrease in the number of malaria cases reported in Panama. There are 16 new cases of malaria, bringing the total to 316 for 1993. In August 92 there were 463. (Panama City EL SIGLO in Spanish 10 Sep 93 p 20)

Dr. Xavier Saez, a pediatrician at the Children's Hospital reported that there is an increase in the number of children with AIDS. Since 1988 40 cases have been treated and there are currently 13 cases of expectant

mothers infected with the AIDS virus, which will only increase that total. (Panama City EL SIGLO in Spanish 10 Sep 93 p 2)

Southern Cone Health Report for 3 - 9 Sep

PY0909155993

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Paraguay Bureau from 3 to 9 September.

Brazil

The Pernambuco Pharmaceutical Laboratory, Lafepe, is the first Brazilian public laboratory to produce large quantities of a medicine used to control the effects of the AIDS virus, similar to AZT. The first batches of Zidovudine will be delivered to the Central Medical Supplies Exchange, Ceme, and several state health secretariats on 15 September, 30 percent lower in price than AZT.

Lafepe Director Gustavo Farias reported that each 100-capsule box of Zidovudine will cost no more than \$77 while a similar box of AZT, manufactured by local private laboratories, costs between \$100 and \$120.

Recent Brazilian Health Ministry studies show that 140,000 boxes of AZT per year are needed to supply AIDS virus carriers under treatment. According to Farias, Lafepe is able to produce 10,000 boxes of Zidovudine per month.

According to Farias, Zidovudine is the name of the active ingredient of AZT. Lafepe decided to use the chemical name of the product in compliance with recent Health Ministry regulations that chemical names should take precedence over brand names on the wrappings of all medicine sold in Brazil as of October. (Rio de Janeiro JORNAL DO BRASIL in Portuguese 6 Sep 93 p 15)

Chile

The official death toll for meningitis victims is 42 but there is an unconfirmed report that another meningitis victim died in San Felipe on 8 September. The number of reported cases of meningitis throughout the country has increased to 379 with reports of two new cases: one in Antofagasta and another in San Felipe. (Santiago Radio Cooperativa Network in Spanish 1100 GMT 9 Sep 93)

Paraguay

On 5 September, the Epidemiology Department of the Paraguayan Public Health and Social Welfare reported that there is a measles and chicken pox epidemic in Paraguay. According to the report, department physicians have detected outbreaks of measles and chicken pox in Coronel Oviedo and other rural towns and cities. (Asuncion ABC COLOR in Spanish 6 Sep 93 p 22)

An unvaccinated 3-year-old died from measles in Villarrica. According to Dr. Juan Ernesto Castellanos, director

of the regional health unit, a few cases of measles have been reported in the region so far and the unit's supply of vaccine is enough to satisfy the growing demand. (Asuncion NOTICIAS in Spanish 9 Sep 93 p 36)

Southern Cone Health Report for 10 - 16 Sep

PY2109014093

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Paraguay Bureau from 10 to 16 September.

Argentina

Alfredo Miroli, former director of the National Anti-AIDS Program, has stated that there are 100,000 people infected with AIDS in Argentina, of which 47 percent will develop symptoms of the disease in the next eight years. He also said that 72 percent of those infected are drug addicts. (Buenos Aires NOTICIAS ARGENTINAS in Spanish 1413 GMT 13 Sep 93)

Brazil

A total of 37,841 cholera cases were reported in the country so far this year and 398 people have died of the disease during this period. The northeast region has most cases: 36,500 cases and 341 deaths. The south and center west regions had eight cases each. (Brasilia Voz do Brazil Network in Portuguese 2200 GMT 10 Sep 93)

Paraguay

Dr. Nicolas Aguayo Rodriguez, director of the national anti-AIDS program, has reported that 61 AIDS cases and 238 AID carriers have been registered in the country from 1986 through 31 August. The total death toll so far amounts to 40, including an eight-month old baby girl. (Asuncion HOY in Spanish 14 Sep 93 p 23)

CUBA

Public Health Ministry: Neuropathy Epidemic Controlled

FL1009220193 Havana Radio Rebelde Network in Spanish 1700 GMT 10 Sep 93

[Report on Public Health Ministry note on neuropathy epidemic published by GRANMA on 10 September]

[Text] On 20 March, after a full briefing on the neuropathy epidemic affecting the country, Commander in Chief Fidel Castro instructed the appropriate bodies to take the necessary measures to control and quickly eradicate the epidemic. Today, approximately 170 days later, we can announce that the neuropathy epidemic is under control and although certain cases appear sporadically, the national task force has decided to move from the phase of fighting the epidemic to a phase of epidemiologic vigilance. This success represents a significant effort by the personnel of the national and provincial tasks forces, particularly the health workers.

The Public Health Ministry [Minsap] note adds that although the total number of patients is approximately 150,000, about 400 have not healed properly either because they did not recover at the expected rate or because the condition persists.

On the other hand, the vitamin supplement provided to the entire population, containing vitamin B complex, vitamin A, and folic acid, has been successful as a preventive measure. The Minsap note stresses that although the agents responsible have not yet been identified, from a clinical point of view, the illness has been classified and its forms identified and classified according to intensity and acuteness. Its development has been generally benign, with no loss of life or permanent effects.

The Minsap adds that in comparing the neuropathy experienced in Cuba with other large neurological epidemics in Japan, Spain, Africa, and America, it appears that the toxic-metabolic hypothesis with a nutritional component of vitamin deficit seems the best grounded hypothesis. In this regard, continuing epidemiologic research, chemical analysis, and other work may reveal new results. Countless dedicated scientists are at work to confirm the hypotheses advanced. Over 25 Cuban scientific centers are working jointly in this research and many others are providing priceless cooperation.

Since Cuba's call to WHO, that organization and PAHO [Pan American Health Organization] have sponsored work and cooperation visits by numerous scientific and governmental delegations. These delegations have found the information and help needed to perform their work. The Minsap adds that because of this, Cuba today has extensive scientific documentation on the neuropathy epidemic that could result in contributions to science worldwide.

Finally, the Minsap reiterates to the populace the need to continue taking, without exception, the free vitamin supplement pills being distributed because they prevent the neuropathy and help strengthen the body's defense mechanisms and elimination of toxins.

JAMAICA

Health Ministry Escalates Anti-Cholera Campaign

FL1309005193 Bridgetown CANA in English
2007 GMT 11 Sep 93

[Text] Kingston, Jamaica, Sept 11, CANA—Jamaica is still on a cholera alert, despite an apparent reduction in cases in the region, state minister for health, Dr. Karl Blythe, has said.

Two years ago, when reports of cholera in South America intensified, the Jamaican Government put in place a national cholera preparedness committee, and this year allocated 21 million dollars (one J dollar = about 4 U.S. cents) in the budget for its programmes.

The state news agency, Jampress reported Blythe as saying most of the funds would be going towards public education, training, infrastructural development such as improving the sanitation of the island's domestic water supply and upgrading hospital facilities to deal with any outbreak.

"As long as cholera is in the region, Jamaica is at risk and therefore must remain on an alert," he stated.

Over recent months, the nation had grown "complacent," and cholera and its prevention had virtually disappeared from the consciousness of the media and the public, Blythe complained. He said his ministry, fearing that complacency could cause people to become careless, had recently stepped up its anti-cholera campaign, by launching a re-sensitisation programme. It involved visiting parishes for a period of 4 days and checking garbage dumps, sewage disposal systems, and the domestic water sources to ensure that all was in order.

In addition, community meetings were being held and schools visited to hand out educational materials, demonstrate proper hygiene and encourage discussion.

Jamaica has not witnessed an epidemic of cholera since an outbreak in 1850 ravaged the country, leaving 40,000 dead (about 10 percent of the then population) in its wake. Blythe said that Jamaica must learn from history, as in 1850 it was the last country in the region to be affected by the epidemic.

"But it was hit twice as hard, because the population had relaxed its guard and much time was not spent on research and public education about the disease," he said.

A water-borne disease, cholera is transmitted through direct contact with contaminated faeces and other human waste. It thrives in unsanitary environments and affects especially those people who practice poor hygiene.

Characterised by profuse diarrhoea, its danger lies in its ability to kill within a few hours of infection.

Blythe stressed that "even if the germ enters this country and is all around us, we must remember that it can only be a problem if it gets into the body."

Admitting that the 21 million-dollar allocation, even with supplements from international agencies, was not enough to carry out all the infrastructural repairs necessary at this time, Dr. Blythe said that it was for this reason that the educational aspect of the programme was important.

NICARAGUA

Cholera Statistics Reflect Rise Over 1992

93WE0556A Managua BARRICADA in Spanish
3 Aug 93 pp 1, 5

[Article by Pablo Emilio Barreto]

[Text] Cholera has spread over 90 percent of the national territory. The death rate from this dread disease rose from one to seven out of every 100 patients between May and July of this year, according to Dr. Carlos Rodriguez, chief of the Health Ministry's (MINSA) Office of Epidemiological Surveillance.

As of last week, 1,634 cholera victims had been reported; whereas, last year, the figure totaled only 564 during the same period.

The death rate began to climb rapidly last October, when it rose from 1 to 1.5 percent; later jumping to 5 percent in May.

The "leap" from five to seven fatalities for every 100 stricken by cholera occurred with the first rainfall in May, and there is an upward trend at present.

The Pan-American Health Organization (PAHO) estimates from one to two deaths for every 100 stricken by cholera as acceptable, and Nicaragua has exceeded those rates.

Health Ministry officials ordered an epidemiological alert in the municipality of Tipitapa, where there were five deaths and nearly 100 persons afflicted by cholera during the past 2 weeks, according to Dr. Rodriguez.

Emergency in Tipitapa

An average of one case of cholera is being reported from 80 percent of the country's municipalities. The territories hardest hit at present are still Matagalpa, Boaco, and an extensive section of Tipitapa, especially in the poorest districts, where water from hand-dug wells is consumed, as Dr. Marta Obando, a MINSA epidemiologist, noted.

Last week, a medical brigade was dispatched to Tipitapa to assist the local Health Center's team. It made house to house visits to warn the villagers of the danger represented by ponds and the consumption of contaminated water.

Dr. Obando expressed the MINSA's concern over the holding of the August festivals, announcing food inspection measures. She recommended that potable water be drunk during these festivities, and that defecation in the open air be avoided.

Alarm at Other Diseases

Rodriguez, for his part, expressed alarm at the fact that the death rate from diarrhea is close to 360 fatalities, with a weekly average of 6,000 victims at Health Stations and Centers, as well as hospitals.

Respiratory diseases have already caused 260 deaths, mostly among children under 5 years of age, with 200,000 stricken thus far this year.

He added that there has been a 23 percent increase in this disease within the past 2 months and, at the same time, a rise in the cases of classic and hemorrhagic dengue in Leon, Chinandega, Matagalpa, and Managua.

El Guasale: Gateway for Cholera

Chinandega (Carlos Ruiz)—Sources from this department's SILAIS [expansion not given] announced that 60 percent of the cholera cases reported in the department have been detected among Nicaraguan and Honduran citizens who enter and leave both countries by way of the border at El Guasale.

Juan Duran, the SILAIS reporter in this town, claimed that the worst focal point for diarrhea is in Posoltega and Villa 15 de Julio, owing to the contamination of the water consumed by the residents.

The SILAIS director in Chinandega, Dr. Ivan Davila, reported that the cholera cases recorded in this department are sporadic. Most of those stricken come from Honduras, and arrive in our country seeking medical treatment.

Two brigades, each consisting of six doctors and six nurses, are touring the infected zone to provide medications and to convince the population of the risks of the epidemic.

The MINSA has recorded a total of 57 positive cases, distributed as follows: 16 cases in Posoltega, 14 in Somotillo, 16 in Chinandega, and seven in Corinto.

Nevertheless, Dr. Davila explained, not one patient has died thus far this year, because they have been given timely treatment.

AFGHANISTAN

'Serious' Cholera Outbreak Reported

93LA0147Z Tehran TEHRAN TIMES in English
28 Jul 93 p 16

[Text] Islamabad (AFP)—An outbreak of cholera in Afghanistan is serious, a UN report released here said Wednesday.

Cholera cases have been reported from 14 of Afghanistan's 29 provinces, according to the report issued by the office of the UN Coordinator for Humanitarian Assistance for Afghanistan Sotirios Mousouris.

The report said a World Health Organization team which visited Kabul from July 14 to 16 found that 3,000 people showing cholera symptoms were admitted to hospitals in the Afghan capital during the period.

The Afghan government has officially declared a cholera outbreak and established a national coordination committee in which different UN agencies are taking part, the report said.

A UN task force was also set up by Mousouris last week to meet regularly and take action to address the cholera outbreak in Afghanistan, it added.

LEBANON

29 Cholera Cases Reported; Four Deaths in North

NC2109132093 (Clandestine) Radio Free Lebanon
in Arabic 1145 GMT 21 Sep 93

[Excerpt] Over 29 cholera cases have been reported in northern Lebanon, resulting in four deaths so far. Dr. Malikah Majdhub, head of the laboratory section of the Islamic Hospital in Tripoli, said laboratory tests have proven that the cholera has spread as a result of polluted water in several areas, such as al-Muhammarah, Funaydiq, 'Akkar al-'Atiqah, al-Tubbanah, Bibmin, al-Baddawi, and al-Danniyah. [passage omitted]

REGIONAL AFFAIRS

Russia, Kazakhstan, Kyrgyzstan Adopt Cholera Measures*LD1409190393 Moscow Russian Television Network in Russian 1600 GMT 14 Sep 93*

[From the "Vesti" newscast]

[Text] Emergency measures are being taken in Kazakhstan to stop the spread of cholera. Severe restrictions on travel have been introduced. In the capital and in a number of towns and villages, educational establishments have been closed temporarily and street trading has been halted.

According to the Kyrgyzstani Health Ministry, cholera organisms have been discovered in Bishkek and in a number of other rayons and oblasts of the republic. Cordons sanitaires have been organized on the territory of Kyrgyzstan since 12 September.

In Russia to date, 15 cholera patients and eight carriers of cholera germs have been registered. The most dangerous regions with regard to cholera are Astrakhan and Volgograd Oblast. The state committee for sanitary and epidemiological inspection has drawn up a draft law on protecting the territory of Russia. It proposes tightening up sanitary checks on the borders.

RUSSIA

Volgodonsk Hit by Typhoid Outbreak, 352 Hospitalized**218 Confirmed Cases***PM1009150593 Moscow ROSSIYSKIYE VESTI in Russian 9 Sep 93 p 2*

[State Committee for Emergencies report under the general heading: "Incidents"]

[Text] Some 352 people, including 123 children, have been hospitalized in Volgodonsk (Rostov Oblast) with suspected typhoid. Some 218 of the city's residents have to date had the diagnosis confirmed.

214 Reported Ill*PM1409135993 Moscow IZVESTIYA in Russian 14 Sep 93 First Edition p 1*

[INTERFAX report: "The Number of Typhoid Patients in Volgodonsk Increases"]

[Text] Already 214 people, including 76 children, are suffering from typhoid in the city of Volgodonsk in Rostov Oblast.

An announcement to this effect was made in the press center of the Russian State Committee for Emergency Situations. Anti-epidemic measures are being implemented.

Official on Russian Epidemiological Situation*LD2008141493 Moscow ITAR-TASS in English 1323 GMT 20 Aug 93*

[By ITAR-TASS correspondent Sergey Ryabikin]

[Text] Moscow August 20 TASS—A Cholera epidemic is hardly possible due to the availability of a full set of purification installations and water disinfection in the majority of Russian towns and villages, Deputy Head of the Russian Sanitary-Epidemiological Inspection Anatoliy Monisov told a news conference here today.

At the same time, he did not exclude a possibility of group Cholera disease outbreak in specific areas, since Cholera pathogen is periodically present in open water reservoirs. Only persons drinking unboiled water can acquire the disease.

A total of 22 Cholera cases and infection carriers were registered in Russia in July-August, said Monisov. In 17 cases the disease was acquired by Russian and foreign citizens in Pakistan, India, Turkey and Syria and brought to Russia. At the same time, three persons acquired Cholera in Dagestan and two in Moscow.

Recent reports of foreign mass media bodies, claiming epidemic Typhus, Plague and Malaria cases in Russia, do not correspond to reality, stressed the official. Russia has not registered a Plague case for many years.

Hepatitis Cases Reported in Someru*PM1609104193 Moscow PRAVDA in Russian 11 Sep 93 p 4*

[Report by Lembit Annus: "Hepatitis Epidemic In Someru"]

[Text] An epidemic of infectious hepatitis, popularly known as jaundice, has broken out in the district center of Someru, four kilometers from the city of Rakvere. It was caused by a breakdown of the sewer system.

The first cases of hepatitis appeared in Someru on 17 August. Unfortunately, their number has been increasing ever since. After 10 days there were 90 cases, but the figure is now 305. What is more, one-third of them are children. As always in such cases, the infectious diseases department of Rakvere hospital is undergoing repairs and only the most serious cases are being sent to Tallinn. A total of 50 people, mainly children and adults in a serious condition, have been hospitalized.

As for the rest, the small local clinic is having problems coping with them. Indeed, it does not always have enough drugs. So doctors are expecting a second wave of infection in the very near future, consisting of people

infected by those in the first wave. So a well-known principle comes into play here: It is the job of the sick to save the sick.

Incidence of Tuberculosis Up in Rostov-na-Donu

PM1609082393 Moscow PRAVDA in Russian
11 Sep 93 p 1

[Report by Marlen Kryukov: "Tuberculosis Attacks Rostov-na-Donu"]

[Text] Tuberculosis is on the offensive in Rostov-na-Donu. The number of cases has increased of late. In 1992 there were 17.6 percent more than in the previous year. More than 160 people died. In the past 6 months the incidence has increased again, this time by 17.9 percent.

AZERBAIJAN

Sanitary Inspector Says 10 Cholera Cases No 'Epidemic'

NC1409134393 Baku TURAN in English 1118 GMT
14 Sep 93

[Text] Baku, September 14 (TURAN)—As the head sanitary inspector of the republic Abbas Velibekov reported TURAN agency, within the two latest months about 10 cholera carriers had been found out in Azerbaijan. A. Velibekov told that several persons ill with cholera had been found out during this period. "But we have deal with instant outbreak of disease and that's why the rumours about cholera epidemic in Azerbaijan are unfounded," stressed A. Velibekov.

ESTONIA

Jaundice Epidemic Widens Despite Control Efforts

93P20347A Helsinki HELSINGIN SANOMAT
in Finnish 11 Sep 93 p 5

[Article by Jorma Rotko: "Jaundice Epidemic Widens in Estonia"]

[Text] Tallinn—The jaundice epidemic in West Virumaa Province has spread, despite efforts by officials to control it. Around 300 people are now suffering from jaundice. The epidemic, which started in the village of Someru, has now spread to the neighboring town of Rakvere, as well as the to the county of Vaie-Maarja, some 30 kilometers further south.

Health authorities have vaccinated the area's schoolchildren, and enough vaccine has been supplied to the area to vaccinate all those wanting it. However, the vaccine does not protect those already infected. The incubation period may take up to six weeks.

The infectious diseases ward of Rakvere Hospital is currently undergoing modernization work. The 70

patients needing most care have had to be sent to the Kadrina and Kunda Hospitals. The infection has not yet appeared in these areas, and residents there now fear that it will spread to them.

The epidemic started when a sewage pipe broke in Someru, causing contaminated water to infiltrate an artesian well. Repairs have already been completed and pipes disinfected, but now the disease is spreading from person to person.

Physicians are recommending that those contemplating travel to the Rakvere area be first vaccinated against jaundice. Vaccinations are not necessary for those visiting Tallinn, since jaundice has not appeared in the city.

GEORGIA

Commission Takes Measures To Halt Spread of Cholera

AU1209205393 Tbilisi SAKARTVELOS RESPUBLIKA
in Georgian 1 Sep 93 p 1

["Decision of the Republic of Georgia Governmental Anti-Epidemic Emergency Commission" issued in Tbilisi on 16 August

[Text] 1. The Republic of Georgia Ministry of Communications is to ensure that the population of the city of Tbilisi is provided with a "Cholera" pamphlet drawn up by the Republic of Georgia Ministry of Health Protection.

2. The Republic of Georgia Ministry of Internal Affairs:

a) Is to temporarily stop—until 1 October—Republic of Georgia citizens from travelling as tourists or by private invitation to countries that are unreliable from the point of view of cholera (the list of countries is determined by the Republic of Georgia chief state health officer) except for official business visits and state delegations and travel for study purposes;

b) Together with Republic of Georgia town and rayon local administrative bodies, is to put a halt to trade in food products on town streets and territories adjoining collective markets and in other places;

c) Is to give effective assistance to health protection bodies in the matter of hospitalizing those persons suspected of having cholera and implementing quarantine measures in medical establishments;

3. The Republic of Georgia Ministry of Foreign Affairs is to raise the question before the ministries of foreign affairs of the states of the former Soviet Union of restricting tourist trips through the territory of the Republic of Georgia until 1 October 1993.

4. The mayor of the city of Tbilisi is to halt the pollution of the Tbilisi Sea by sewage from the damaged sewage network on the territory of installations and apartment houses adjoining it.

5. The Republic of Georgia Department of Air Transport is to ensure that the appropriate space and necessary equipment be allocated for a sanitary and quarantine point at Tbilisi airport.

6. N. Shavdiya, the Republic of Georgia chief state health officer, is to report on the progress of implementing this decision at the regular session of the Governmental Anti-Epidemic Emergency Commission.

7. This decision of the Republic of Georgia Governmental Anti-Epidemic Emergency Commission is to be published in the press.

[Signed] Z. Kervalishvili, acting deputy prime minister of the Republic of Georgia, chairman of the Governmental Anti-Epidemic Emergency Commission

KAZAKHSTAN

Cholera Outbreak Feared in Almaty

Schools, Shops Closed

LD1309092293 Moscow Programma Radio Odin Network in Russian 0730 GMT 13 Sep 93

[Text] There exists a threat of an outbreak of cholera in Almaty, the capital of Kazakhstan. Schools and some shops were closed today. The markets are not functioning. Militia cordons have been set up on the approaches to the city. Volkov, the deputy head of the city health department, has revealed that 30 people have contracted a mild form of the disease. A special commission set up by the city administration has made a decision to open three hospital units for suspected cases. At present, the greatest worry is about the passengers of a Almaty-Karachi flight that landed in Almaty on 9 September. Among the passengers were some who complained of an intestinal infection. Analysis has revealed evidence of the cholera bacteria.

Scare Prompts Public Health Crackdown in Almaty

PM1609143993 Moscow Ostankino Television First Channel Network in Russian 1700 GMT 14 Sep 93

[From the "Novosti" newscast: Video report from Almaty by A. Nugmanova and V. Zhilyakov, identified by caption]

[Text] [Nugmanova over video of empty store] The public health and epidemiological service in Almaty has closed down collective farm markets and greengrocers' stores. Street trading has been banned. Food industry enterprises are being closely monitored. Roads to neighboring states have been closed. Importing food, fruits,

and vegetables from other oblasts in the republic is banned. A cleanup of the city has started, too late, as always. Because of gasoline shortages garbage was not removed and piles of it have accumulated in yards. As is well known, this is a source of infection, especially in temperatures of 30 degrees. Doctors and the militia are on duty around the clock. Laboratory checks are being carried out at the airport and railroad stations. Incoming passengers are being checked, particularly those coming from states with a cholera problem—Afghanistan, Pakistan, Iran, and the Central Asian republics. At the moment travel there is not permitted.

A cholera hospital has been opened at the Central Isolation Hospital. More than 100 people have been admitted, fortunately with a mild form of the disease. They were all passengers on a flight from Pakistan. This is the second incident in the republic. The first seat of infection was discovered in Chimkent Oblast. [video shows empty store, militia checking market, cars being inspected, cleanup operation, piles of garbage, white-coated staff checking vehicles, glimpse of exterior of hospital, railroad station]

Further on 9 Sep Outbreak

LD1409102293 Almaty Kazakh Radio Network in Russian 0600 GMT 14 Sep 93

[Text] A flight from Karachi [Pakistan] arrived in Almaty on 9 September. Of the 152 passengers 60 people had stomach troubles, which they believed was due to bad food. The flight was met by specialists from the state sanitary-epidemiological unit. Eighteen hours later a diagnosis of cholera was confirmed in 16 cases. Nine of those were from Almaty, the rest from the Almaty, Taldy-Korgan, or Karaganda oblasts, specifically the cities of Pavlodar and Ufa. A special cholera unit was opened in Almaty. In the children's infections hospital at present there are 70 suspected cholera cases. Schools were closed for one week in order to update their canteens. To date, no casualties have been reported and the situation is under control.

Almaty Closed, Quarantine Declared

PM1409120793 Moscow KOMSOMOLSKAYA PRAVDA in Russian 14 Sep 93 p 1

[Report by Yevgeniya Dotsuk: "Kazakhstan Capital Closed"]

[Text] Recently Almaty's evening newspaper lashed out at KOMSOMOLSKAYA PRAVDA for its "Cholera Notes"—it said we were fuelling passions instead of describing the labor exploits of the republic's peoples or the Zhyrau-batyr jubilee for instance. But since last Friday perhaps even VECHERNYY ALMATY has not been in the mood for jubilees. A quarantine has been declared. The city has been closed since Saturday.

The first Almaty inhabitants to fall ill were passengers on a flight which arrived from Pakistan on Thursday. Now

there are over 10 of them. Throughout Saturday and Sunday the tourists and those who had already had contacts with them were sought throughout the city.

All bazaars have been closed and street trading has been banned. School classes have been cancelled—so far for one week. Foreign citizens who arrive in Almaty from countries where cholera is rife are being sent back home on special flights.

Preventive Measures in Karaganda

*LD1509111493 Almaty Kazakh Radio Network
in Kazakh 0100 GMT 15 Sep 93*

[Text] An extraordinary commission has been set up under the Karaganda Oblast Administration to prevent the spread of cholera in the region. Entry to the oblast and the import of food from southern areas are restricted. Medicines are being prepared and stored in case of emergency. No cases of infection have been reported in the oblast so far.

'Extraordinary Steps' To Prevent Further Spread

*LD1509191393 Almaty KAZTAG in Russian
1400 GMT 15 Sep 93*

[Excerpts] At the suggestion of the Cabinet of Ministers, extraordinary steps are being taken in almost all regions of Kazakhstan to prevent the further spread of cholera. In particular, tough restrictions were imposed on visits to foreign countries where cases of this dangerous illness have been registered. Agricultural produce imports from these countries to the territory of the republic are also prohibited. All Kazakhstanis returning home should be quarantined for 18 hours.

Public life in Kazakhstan itself is under extreme caution. The sanitation control is strengthened. Fruit and vegetable deliveries to the northern and central parts of the republic from the south, where cases of cholera have been registered, have been stopped. [passage omitted]

It is difficult to give the precise number of people in the republic diagnosed as having cholera. For example, some local mass media sources report that there are more than 80 sick children in Almaty alone. While the republican agency KAZTAG, referring to [Igor Volkov], deputy manager of the city's health care directorate, gives different figures. According to them the total number of sick people in the capital does not exceed 30 and they have it only slightly.

According to local experts, such a major discrepancy in numbers can be explained by confusion in counting the numbers of sick people and those who have been in contact with them. [passage omitted]

Spread of Cholera Checked

*LD1609095593 Moscow ITAR-TASS in English
0825 GMT 16 Sep 93*

[By ITAR-TASS correspondent Vladimir Akimov]

[Text] Almaty September 16 TASS—The number of Cholera patients has stopped growing in Kazakhstan. Another five cholera-infected people were put to hospital, although they feel well.

The situation was stabilised mostly as a result of quick and effective action taken by medics. Officials from local government bodies and the militia managed to find quickly about all the passengers of the ill-starred Karachi-Almaty charter flight, which brought Cholera to the republic on September 9. 125 people, who were in contact with the Kazakhstan residents that returned from Pakistan, underwent a medical check-up in the Pavlodar region alone. As was found out, four of them were infected with Cholera.

A total of 750 people are now under the observation of medics in the republic. All of them were hospitalized, because they were in contact with Cholera patients, and they will be discharged from hospital only after medics make sure that they are in perfect health.

At the same time, quarantine measures continue to be tough in many regions of the republic. Unorganised selling of food and unbottled drinks in the streets continues to be forbidden. Customs, railway terminals and airports are being guarded day and night. It is forbidden to import fruit and vegetables from the regions of Kazakhstan and from former USSR republics, where Cholera cases were also detected. Tourist trips to some foreign countries, from where, in the opinion of Kazakh epidemiologists, Cholera can be brought, were suspended.

KYRGYZSTAN

Official Denies Media Reports on Cholera Outbreak

*LD1709083993 Moscow ITAR-TASS in English
0806 GMT 17 Sep 93*

[By ITAR-TASS correspondent Boris Maynayevev]

[Text] Bishkek September 17 TASS—The Public Health Ministry of Kyrgyzstan refuted today reports in some mass media organs about cholera allegedly detected in Kyrgyzstan. It announced the information was not true.

According to the task group for the prevention of cholera, created in the republic, the situation is being kept under control. Hospitals and polyclinics have enough medical supplies to cope with an outbreak of cholera, if the latter occurs. Aside from sanitary cordons at highways, railway terminals were also taken under special control. Those who intend to leave the republic for a short period of time, going on business trips or

vacations, should now get a certificate from the sanitary-epidemiological station. If it is suspected that they are cholera-infected, they will be sent for a 5-day quarantine.

UKRAINE

Official Explains Causes of Typhoid Fever Epidemics

AU1509091293 Kiev MOLOD UKRAYINY
in Ukrainian 10 Sep 93 p 1

[Vasyl Nytko report: "What Really Happened in Svalyava?"]

[Text] The outbreak of typhoid fever has alarmed the entire oblast. How could this happen in our times? Unfortunately, reality is unmerciful. The situation is such that, before medics intervened in the tragedy, one woman died. Dozens of people have been hospitalized. The thing is that Svalyava, the center of areas abounding in health resorts and mineral spas, suffered from a shortage of drinking water throughout the years of Soviet rule. One might wonder how this could happen if there are so many water sources in the mountains, the Latorytsya River flows through the town, and the crystal-clear Polonyna water is not so far away.... Everything was accounted for by the shortage of means. No doubt, that was also a factor. However, over the long years, the budget of the rayon could have found a possibility to allocate the necessary money had the leadership only wished so. The rayon state administration is presently "reaping" the results of its predecessors' work.

What really happened? We asked Volodymyr Brych, deputy chief of the Health Protection Administration at the Transcarpathian Oblast State Administration, to tell us about this.

"Because of the contaminated aqueduct of the timber chemical combine, tenants of residential buildings and workers of the enterprise contracted the disease.

"This happened following the heavy rains in July, as a result of the fact that excrements had been washed out from outdoor toilets and oozed into ground waters. Despite the accusations on the radio, the timber chemical combine and the forestry are not to blame; on the contrary, their workers have been affected.

"The problem of typhoid fever has long existed in Svalyava. Individual outbreaks of the disease have been

registered over 10 years. However, they were not on a mass scale. The sewage and outdoor toilets are in the private sector.

"The main problem that needs to be resolved is the completion of the construction of a new waste gate for Svalyava. Concurrently, it is necessary to resolve the question of a central water pipe system and sewage system—for all streets of the town.

"The Oblast Emergency Anti-Epidemiologic Commission, headed by Deputy Ukrainian Presidential Representative Vasyl Lintur, held a meeting. All the aforementioned problems were discussed, and ways for emerging from the current situation were outlined."

UZBEKISTAN

Deputy health Minister Claims Cholera Spread Thwarted

PM1009154993 Moscow KOMSOMOLSKAYA
PRAVDA in Russian 10 Sep 93 p 2

[Mirza Alimov report: "Not Just Vodka But Cholera Can Be Imported"]

[Text] Tashkent—There has been a lot of talk lately about a cholera outbreak in Uzbekistan. Is it true? We turned for an explanation to Tulkin Iskandarovich Iskandarov, a deputy minister and Uzbekistan's main public health physician.

"Indeed, the epidemiological situation as regards cholera in countries bordering Uzbekistan (Afghanistan, Pakistan, and Tajikistan) deteriorated from May through August, and a threat has arisen that this terrible disease could spread into Uzbekistan. The republic has recorded several cases of infection—in a woman who had arrived as a tourist from Pakistan, and in people arriving from Afghanistan and Tajikistan. Cholera vibrios with features untypical of our republic have been found in the patients. In the light of this, the Ministry of Health has taken measures to prevent the spread of the disease in Uzbekistan. A session of the republic's emergency counterepidemic commission has been held. It has decided to restrict access to tourists and other persons from neighboring countries where cholera has been recorded. Controls at health and quarantine centers have been stepped up. Other counterepidemic measures have been taken.

"As a result of the range of public health and counterepidemic measures carried out not a single instance of the disease spreading has been recorded in Uzbekistan. And all the necessary measures are currently being taken. Our doctors are on the alert."

FINLAND

Beijing-32 Virus Seen as Potential Threat for Winter

93WE0555B Helsinki *HELSINGIN SANOMAT*
in Finnish 20 Aug 93 p 10

[Article by Paivi Repo: "New Influenza Virus May Strike This Winter; Serious Epidemic Not Anticipated Yet; Vaccine Provides Effective Protection"]

[Text] It is estimated that the Beijing-32 influenza virus will hit Finns next winter, but the flu situation is nevertheless not expected to be a very nasty one.

Over 40 percent of Australia's school children are ill with the flu caused by the Beijing-32 virus. Flu epidemics circle the globe and change hemispheres with the winter season. In Finland the flu epidemic usually begins after the end of the year and lasts for from two to three months.

At an international virus congress in Scotland last week, experts warned that the flu epidemic caused by the Beijing-32 virus next winter would be like the Hong Kong epidemic. They claimed that the Beijing-32 virus differs so much from the flu viruses that have been circulating in recent years that we have no defenses against it. This is why it would force a lot of people to take to their beds. The A and B flu viruses went the rounds in Finland last year.

Asst. Prof. Reijo Pyhala of the Public Health Institute is, however, of a different opinion: "The virus that caused last winter's flu epidemic was close to Beijing-32, although the disease spread throughout Finland only in scattered fashion. Since it didn't cause an epidemic last winter, there probably won't be one this winter either.

"The virus may, however, still mutate and, if that happens, it may give rise to a more virulent epidemic. However, the vaccine provides effective protection against it."

From the beginning of the year, Beijing-32 gave rise to an epidemic in the United States that was worse than the flu epidemics Finns went through last winter. If the Beijing-32 virus comes, according to Reijo Pyhala, it will probably result in a somewhat more virulent epidemic than last year's.

More Vaccine Ordered Than Last Year

The Public Health Institute orders about 110,000 doses of flu vaccine a year, which are given to at-risk groups at health centers in early fall. People who do not belong to at-risk groups can buy the same vaccine themselves at pharmacies. Last fall the pharmacies ran out of vaccine and this year more of it was ordered.

The purpose of the flu vaccine is to ward off complications of influenza, especially pneumonia. It is not effective with ordinary flus, which are caused by a couple of hundred different viruses and bacteria.

SWEDEN

Beijing-32 Flu Coming, Vaccine Scarce

93WE0570A Stockholm *SVENSKA DAGBLADET*
in Swedish 21 Aug 93 p 7

[Article by Hans Strandberg: "Risk of Shortage of Vaccine Against Flu This Winter"]

[Text] Next month Sweden will begin preparing for the new Beijing-32 flu virus, the virus that is unusually good at surviving and is therefore tailor-made for causing an epidemic in the gloom of winter.

The virus already exists in the United States and is right now taking its toll in the Australian winter, as reported by *SVENSKA DAGBLADET* on 10 August.

"It is completely clear that we will get it by way of travelers from other countries," says Prof. Britta Wahren, head of the virological department of the Institute for Protection Against Infectious Diseases (formerly the National Bacteriological Laboratory, SBL).

"We Lack Antibodies"

"That is why the Swedes will also get sick, because we lack antibodies against Beijing-32. It is not possible to say, however, whether it will be a major epidemic."

In September a new vaccine that protects against three different flus will come on the market: the "old" Panama and Singapore ones and then Beijing-32.

The first is type B, the other two type A. Both variants give the classic flu, however, with fever, muscle pain, headache, coughing, and nasal congestion.

Almost every year there is a sudden shortage of vaccine when the flu hits. Can you avoid it this year?

"No, it will always be like that. We do not know how large an attack it will be, and when people hear about the flu there is a big rush. But we manage to cope, we usually do," assures Wahren.

All flu viruses can change biochemically and thus become sort of like chameleons, which sneak their way into our cells and make us sick.

The new variant, Beijing-32, seems to be a particularly good chameleon. It is able to survive despite relatively major changes in its form. For that reason it can become quite unlike other flu viruses and that is why it is not enough to have any potential immunity against those.

Researchers at the international virus conference in Glasgow the other week warned that the epidemic this

winter could become just as widespread as the Hong Kong flu at the end of the 1960's.

"As a rule, flu epidemics result in increased death from pneumonia. The risk groups are primarily elderly persons, those who have lung diseases or heart and vascular problems," says Britta Wahren.

Tuberculosis Slowly Increasing

93WE0570B Stockholm SVENSKA DAGBLADET in Swedish 23 Jul 93 p 5

[Article by Magnus Jacobson: "Incurable Tuberculosis Already in the Country"]

[Text] Incurable tuberculosis is already in Sweden. In 1991 three cases of tuberculosis were found that were resistant to all four routinely tested tuberculosis drugs. Another eight cases were resistant to two or three drugs.

"The situation in Sweden is not as serious as in the United States. But it is important for us to be observant regarding the continued development in the country," says Gunilla Kallenius, laboratory assistant at the Institute for Protection Against Contagious Diseases, formerly the National Bacteriological Laboratory, SBL.

The number of new cases of TB in Sweden is among the lowest in the world, fewer than 10 per 100,000 people and year. But the previous decline has leveled off, and each year an average of 550 new cases are discovered. This is due to the fact that the number of TB cases among immigrants is growing, while they continue to drop among persons born in Sweden, according to the surveys made at SBL.

Insufficient Vaccine

Up to 1975 all children in Sweden were vaccinated against tuberculosis. But that does not mean that everyone is protected.

"No, the vaccine is not very good. At best, it provides an 80-percent protection. And primarily it protects against the disease breaking out, not against the contagion itself," says Gunilla Kallenius.

SVENSKA DAGBLADET reported in Thursday's issue that tuberculosis is coming back as a deadly disease in the Western world, after having been regarded as eradicated in the West. In the United States several hundred deaths have occurred and the problem is that increasingly more tuberculosis bacteria are resistant to antibiotics and cannot be treated.

One-Third Infected

One-third of the world's population, 1.7 billion people, carry the TB contagion. About one in 10 is afflicted by the disease. One-third of them die, according to statistics from the World Health Organization, WHO.

"It is a very variable and mysterious bacterium. But in spite of tuberculosis being such a common disease, it is given very little space and resources compared to HIV and AIDS," concludes Ola Skold, professor of microbiology at the Biomedical Center in Uppsala.

One of the explanations for the increased spread of TB and the higher mortality rate in the United States is that the disease collaborates with HIV.

"People who carry TB and who develop HIV or AIDS run a much greater risk of becoming ill with tuberculosis than others," says Gunilla Kallenius.

From the aspect of contamination, an insufficient or incomplete treatment of tuberculosis is worse than no treatment at all. In Southeast Asia there has been money to buy modern antibiotics, but often people stop taking their medicine before the cure is complete.

"That means that they develop increasingly resistant bacterial strains and spread the contagion."

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